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PROPOSAL TO THE ACADEMIC SENATE

TITLE: University of Dayton Proposal for New Graduate Degree Program – Doctor of Physical Therapy

SUBMITTED BY: Executive Committee of the Senate

DATE: December 2, 2005

ACTION: Legislative

Background. The full proposal has been reviewed and approved by the Congress of the School of Education and Allied Professions and the Graduate Leadership Council of the University.

Proposal (The Program Development Plan follows. The full proposal is enclosed)

1. Designation, Rationale and Statement of Purpose

The Department of Health and Sport Science (HSS) in the School of Education and Allied Professions (SOEAP) at the University of Dayton (UD) proposes to offer a clinical doctorate, the Doctor of Physical Therapy (DPT) degree. This three-year graduate program would admit its first class as early as the fall of 2006 and would, when fully staffed, graduate approximately 35 students annually. Three significant factors have contributed to viability and timing of this proposal:

- a. The DPT program fits well into the mission of the SOEAP, especially its allied professions, which houses a very robust and competitive pre-physical therapy undergraduate program as well as other related programs such as dietetics and exercise science. Physical therapy DPT programs are very competitive and attract students similar in achievement to engineering, pre-med or biology majors. A DPT program at UD would thus contribute to the objective articulated in the recently disseminated UD Vision of Excellence and Focusing the Vision for 2015 documents, both of which underscore the goal of attracting high caliber students.
- b. Andrews University (AU, main campus in Berrien Springs, MI), having operated the Dayton-area's only Master of Physical Therapy (MPT) program for the past 10 years, has consolidated its PT program offerings to its main campus and, therefore, will graduate its last Dayton class in October, 2005. This leaves the Dayton area and west central Ohio without a PT program presence. As a result, AU and the Dayton area hospitals sought out UD as a possible recipient of the lateral transfer of this program. Furthermore, for accreditation purposes, establishing a DPT program would be greatly expedited if laterally transferred, even as an MPT, from another institution.
- c. The Greater Dayton Area Hospital Association (GDAHA, made up of all the CEO's of the 17 Dayton area hospitals) recognized years ago that recruiting physical therapists to Dayton without a Dayton-based program is difficult and expensive. They have asked UD to house such a program and have pledged substantial initial financial support for the program.

2. Description of the proposed curriculum

The DPT is a "lock-step" post-bachelor's 32-month program. All DPT programs must be approved by the American Physical Therapy Association's (APTA) accrediting body, CAPTE, the Commission on Accreditation of Physical Therapy Education.

The proposed DPT curriculum includes both traditional and non-traditional methods of instructional delivery. While the traditional are more didactic and lab-based, the non-traditional methods are based on a problem-based learning (PBL) philosophy. Some traditional lecture components are replaced with small-group tutorials (approximately 7-8 students) in which learning is student-focused and driven by real-life clinical patient and client cases. Each tutorial group has a faculty member with whom it meets regularly. This means that three or four hours of lecture/week is replaced by up to five hours of tutorial per week for each group. A class of 15 would be divided into two tutorial groups. A class of 21 would be broken into three tutorial groups and so on. This approach makes the instructional phase of the program more time intensive for

instructors. This process has been used effectively throughout the 10+ year history of the Andrews Dayton MPT program. In fact, the passage rate of the board exams for Andrews' MPT students is above the national average.

Within the DPT curriculum, there are also 38 weeks of full-time supervised clinical practice that take place during four specific clinical rotation experiences generally in the Dayton area at GDAHA facilities. The Academic Coordinator of Clinical Education (ACCE) is responsible for recruiting and managing, from the academic perspective, each of the clinical sites.

The research project is the capstone experience of the DPT curriculum. Students, typically working in pairs, conduct a complete research project under the advisement of PT faculty with the standard that it be presentable or publishable at the peer-reviewed level. With 35 students graduating per year, and the increased need within the PT profession for treatment efficacy, direct access, and cost savings studies, this scholarly potential is significant.

Appendix A details the curriculum by year, semester, and course.

3. Administrative arrangements for the proposed program

The program would be housed within the UD SOEAP, one of five schools or colleges within UD. To maximize the smoothness of transition into the UD community and the SOEAP culture, the DPT program and its faculty would initially be assigned to the Department of Health and Sport Science (HSS), one of four departments in the SOEAP. The HSS department houses six undergraduate majors, including pre-physical therapy, dietetics, and exercise science as well as two masters level programs in exercise science and physical education. The program would eventually transition to its own Department of Physical Therapy.

The DPT program would be phased in over four years. The first is a transition year, during which approval of the program would be sought from the Ohio Board of Regents and CAPTE; the latter's approval would be for the lateral transfer of the MPT program and transition to the DPT level. The second year begins with the first class of 20 students (admitted as early as the fall of 2006). Years three and four would see progressively larger classes being admitted so that the first UD DPT class would graduate as early as May, 2009 and the first full class of 35 students would subsequently be admitted in August, 2009.

4. Evidence of need for the new program

While the UD DPT would be a new program, it is not new to the state since it would be built on the AU MPT program. Ohio University. College of Mount St. Joseph (MSJ), and the Medical University of Ohio (MUO) currently have the only approved DPT programs in Ohio. The Ohio State University and the University of Cincinnati (UC) are in the process of seeking approval. MSJ, UC and MUO of Ohio were contacted by the AU MPT Director about operating a satellite campus in Dayton. They declined for generally two reasons: their didactic, more traditional curriculum is different from the hybrid (part didactic, part PBL) curriculum of Andrews, and they did not want to spread resources over two separate sites.

There are two significant factors that make a compelling case of the need for the UD DPT program. First, in 2000, the APTA issued this position statement:

By 2020, physical therapy will be provided by physical therapists who are doctors of physical therapy, recognized by consumers and other health care professionals as the practitioners of choice to whom consumers have direct access for the diagnosis of, interventions for, and prevention of impairments, functional limitations, and disabilities related to movement, function, and health.

This means that for physical therapy education to remain in Dayton, the program must eventually transition to the DPT. Given that approximately 50% of all PT programs have made this transition, the degree change as part of this proposal seems most appropriate. Second, GDAHA has made clear its need for a PT program to remain in the Dayton area, primarily due to the difficulty of recruiting licensed PTs. As noted above, GDAHA has pledged substantial initial support for the program.

The APTA has articulated the rationale for transitioning to DPT programs (<http://www.apta.org/>):

The rationale for awarding the DPT is based on at least four factors, among others: 1) the level of practice inherent to the patient/client management model in the [Guide to Physical Therapist Practice](#) requires considerable breadth and depth in educational preparation, a breadth and depth not easily acquired within the time constraints of the typical

MPT program; 2) societal expectations that the fully autonomous healthcare practitioner with a scope of practice consistent with the *Guide to Physical Therapist Practice* be a clinical doctor; 3) the realization of the profession's goals in the coming decades, including direct access, "physician status" for reimbursement purposes, and clinical competence consistent with the preferred outcomes of evidence-based practice, will require that practitioners possess the clinical doctorate (consistent with medicine, osteopathy, dentistry, veterinary medicine, optometry, and podiatry); and 4) many existing professional (entry-level) MPT programs already meet the requirements for the clinical doctorate; in such cases, the graduate of a professional (entry-level) MPT program is denied the degree most appropriate to the program of study.

The market for physical therapists, according to Department of Labor statistics (<http://bls.gov/oco/ocos080.htm>), suggests that employment of physical therapists is expected to grow faster than the average for all occupations through 2012. This is not surprising given the growing elderly population which is particularly vulnerable to chronic and debilitating conditions; the baby-boom generation entering the prime age for heart attacks and strokes, thereby increasing the demand for cardiac and physical rehabilitation; and the increased survivability rates of children born with severe birth defects. Future medical developments will permit a higher percentage of trauma victims to survive, creating additional demand for rehabilitative care. Similarly, PT job growth will likely result from advances in medical technology that could permit the treatment of more disabling conditions. Widespread interest in health promotion also should increase demand for physical therapy services. A growing number of employers use physical therapists to evaluate worksites, develop exercise programs, and teach safe work habits to employees in the hope of reducing injuries.

5. Prospective Enrollment

The entering class size target is ultimately 35, which is comparable to many PT programs in the nation. This level would not be achieved with the first class, as a phased-in enrollment model is planned: Assuming a fall 2006 start for the program, the following enrollments are projected: 20 for the class entering 2006, 25 for 2007, 30 for 2008 and 35 for 2009 and beyond.

UD has a robust undergraduate pre-physical therapy major in the HSS department. Most majors inquire about the prospects of graduate level PT at UD prior to or upon their arrival. The total of all undergraduates from the HSS majors of pre-physical therapy, exercise science and dietetics would yield approximately 40 graduates per year, each of a PT-compatible major. Furthermore, from the UD College of Arts and Sciences, biology, psychology, chemistry and other related majors yield another 50 – 200 graduates per year, also of PT-compatible majors. Finally, still within only the Dayton area, Wright State University (WSU) graduates 50 -200 majors who have the prerequisite coursework needed for the DPT. Although enrollment in the program would not be limited to applicants from UD and WSU, it is clear that the Dayton area produces a substantial pool of potential students for the proposed program.

6. Special efforts to enroll and retain underrepresented groups in the discipline

According to its CAPTE accreditation Self Study Report of 2001, AU has been rather successful in recruited minority students; in the range of 7-13% for each class. We plan on developing relationships with Central State University, Wilberforce University, and Saint Mary's' University (a Marianist University in San Antonio, TX established by the same religious order that established the University of Dayton) to enhance the recruitment of minorities.

7. Availability and adequacy of the faculty and facilities available for the new degree program

Two full-time faculty would be hired for the transitional year: a director and the ACCE (Academic Coordinator for Clinical Education). Their major responsibilities would be accreditation, clinical sites coordination and office/lab renovation. To demonstrate UD and GDAHA commitment to this program, the program director has already been contracted to work toward the necessary OBR and CAPTE approval, as well as work with the campus community to prepare for this program. Four full-time faculty would arrive with the first entering class. The final two would be hired as successive classes arrive. Six faculty members, from AU (Dayton), have given verbal notices of intent to work at UD, should the lateral transfer of the program be approved and they be offered faculty positions by UD. All have significant professional PT education experience and five of the six have PhD-levels degrees including the scholarly potential needed at the DPT level. These faculty members include a Program Director & Orthopedics Coordinator, a Pediatrics Coordinator, the ACCE, a Research Coordinator, a General Medicine Coordinator, and a Neurology Coordinator.

The location of the UD DPT program has been targeted for the College Park Center, a building recently acquired by UD, on a site contiguous with the main campus and quite proximal to the Department of Health and Sport Science. Start-up funds from GDAHA and the UD administration have been identified to renovate 15,000 sq ft of this space during the transitional year so that the first admitted class is welcomed into a new facility complete with laboratories, classrooms, department offices,

lounges and equipment.

In accordance with the agreement with UD, GDAHA and AU, existing equipment and library holdings from the Andrews MPT program would be acquired with remaining equipment, books, and periodicals to be purchased.

8. Need for additional facilities and staff and the plans to meet this need

The primary need for additional facilities lies within the clinical rotations, which will consume 38 weeks of student time during their three year DPT experience. AU, in its 10 years of operating the MPT program in Dayton, has developed a substantial network of clinical rotation experiences in the greater Dayton area, most of which are at GDAHA sites. During the transitional year, these and other sites would be further developed for the phased-in arrivals of new classes at UD.

Regarding additional staff, current plans call for adjunct faculty to provide some guest lectures, PBL advisement, and continuing education. Additionally, a goal of three graduate assistants has been set for the full compliment of classes to assist full-time faculty in lab and clinical skills courses and provide extra incentive to exceptionally qualified DPT applicants.

9. Projected additional costs associated with the program and evidence of institutional commitment and capacity to meet these needs

A ten-year business plan has been developed to project revenues and costs associated with the program. (See attached spreadsheet.) If the program is implemented, the University, with the assistance of GDAHA, will assume responsibility for all costs associated with the program.

10. Information about the use of consultants or advisory committees in development of the degree program proposal, with copies of reports from consultants or advisory committees

The SOEAP contracted the services of David Miller, PT, PhD, Professor and Chair, Physical Therapy Department, Springfield College, MA, to assess the ten year business plan. Dr. Miller, a PT with over 25 years of clinical experience and 18 years in PT higher education, had just led his department through the MPT – DPT transition. Springfield College, like UD, is a private institution with both academic and professional schools. Dr. Miller's report identified some important issues and made specific recommendations which we considered in our revision of the business plan and this PDP. Some of these included other degree offerings (e.g., transitional DPT and PhD, both of which we tabled), tuition discount, graduate assistants, clinical practice for faculty and timing of program implementation by phases.

Conclusion

The HSS Department in the UD SOEAP is well poised to offer a DPT program. It fits well within the SOEAP's breadth of offerings as well as the spirit of the UD Vision documents by attracting very high achieving students to a rigorous program. The DPT program, HSS Department and the SOEAP would share mutually beneficial curricular and scholarly relationships. Community support for this proposal, as demonstrated by the Greater Dayton Area Hospital Association's pledge of financial support, is substantial. Lastly, the timing is most opportune, allowing UD to take advantage of the lateral transfer of the highly regarded Andrews University's Dayton-based physical therapy program.